1.HealthNet Policy Number I038-000-121460077-01 2. Authorization Code:

2.Patient Name BEHRUZ BAKHTIYOROVICH MADIYOROV

3.Patient Date of Birth & Sex 17-03-98(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0554166980

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:

PC: Right flank pain, frequent micturiction and swollen eye lids.

Duration: 3days.

Pain is colicky and progressively increasing.

There is no fever however.

Exam: Marked renal angle tenderness on the right.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiCalculus of kidney with calculus of ureter, Urinary tract infection, site not specified, Pain, unspecified, Frequency of micturition

ICD Code N20.2, N39.0, R52, R35.0

12.Etiology:

13.In case of Injury:mode of Injury/place of Injury

14.Plan / Details of Management

a.ProcedureUrnls Dip Stick/Tablet Reagent Auto Microscopy,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Intramuscular injection,SCOPINAL,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,Urea Nitrogen Quantitative,Creatinine Clearance,Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

CPT code81001,85025,86140,96372,0005-136504-1021,0125-122107-1022,84520,82575,9

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0042-136501-1173	(HYOSCINE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	Take 1Tablets 3 Time(s) per Day For 3 Day(s) after meal
1516-107902-1171	(IBUPROFEN : 400 MG TABLETS	TABLETS (24S, BLISTER PACK	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0097-274301-0392	(LEVOFLOXACIN (AS HEMIHYDRATE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER	10	Take 1Tablets 1Time(s) perDay For 10 Day(s) after meal
0137-238401-0391	(TAMSULOSIN HCL : 0.4 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) evening

Date: 04-12-24(dd/mm/yy)

Signature and Stamp

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Doctor's Name Enomen Goodluck

Physician Code DHA-P-28040827 HNM Code

Authorization

I hereby authorize the Physician, Hospital or Pharmacy to file a claim for medical services on my behalf and I confirm that the above mentioned examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other person who has provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, medical condition or medical services and copies of all medical and hospital records.

A Photocopy or teletax copy of this authorization shall be considered effective any valid as the original

Date: 04-12-24(dd/mm/yy) Signature of Insued / Claimint

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HealthNet